
Part Eleven: Appendices

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2. Interim Non-Employee Compensation Report
3. Interim Personnel Report
4. Interim Subcontract Report
5. Interim Consultant Report
6. Final Equipment Inventory Report
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8. Contract Modification Request Check-Off Sheet
9. Contract Modification DOE Approval Checklist
10. Budget Modification Request Worksheet

___ *check if no expenditures to report*

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New Jersey Department of Education
Office of Grants Management and Development
Interim Equipment Inventory Report (as of __/__/__)

1. LEA/AGENCY: 2. CONTACT PERSON:		3. RFP NAME: 4. CONTRACT#:			
Make/Model/ Description	Inventory Tag #	Purchase Date	Amount Budgeted	Purchase Cost	Location

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE

___ check if no expenditures to report

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New Jersey Department of Education
Office of Grants Management and Development
Interim Non-Employee Compensation Report (as of __/__/__)

1. LEA/AGENCY:		3. RFP NAME:		
2. CONTACT PERSON:		4. CONTRACT#:		
Name of Individual or Entity	Address	Federal ID or SSN	Dates of Service	Amount Contracted

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE

___ check if no expenditures to report

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New Jersey Department of Education
Office of Grants Management and Development
Interim Personnel Report (as of __/__/__)
(for multi-year continuation programs only)

1. LEA/AGENCY: 2. CONTACT PERSON:		3. RFP NAME: 4. CONTRACT#:				
Name	Position Title	Status (FT/PT)	Total Salary Budgeted	Total Salary Expended to Date	Total Fringe Budgeted	Total Fringe Expended to Date

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE

___ *check if no expenditures to report*

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New Jersey Department of Education
Office of Grants Management and Development
Interim Subcontract Report (as of __/__/__)
(for multi-year continuation programs only)

1. LEA/AGENCY: 2. CONTACT PERSON:		3. RFP NAME: 4. CONTRACT#:	
Subcontractor Name	Total Budgeted	Total Expended by Category	

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE _____

____ check if no expenditures to report

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New Jersey Department of Education
Office of Grants Management and Development
Interim Consultant Report (as of __/__/__)
(for multi-year continuation programs only)

1. LEA/AGENCY: 2. CONTACT PERSON:		3. RFP NAME: 4. CONTRACT#:		
Name	Description of Services Provided	Dates of Service	Amount Budgeted	Amount Expended to Date

BUSINESS ADMINISTRATOR

DATE _____

PROJECT DIRECTOR

DATE _____

___ check if no expenditures to report

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New Jersey Department of Education
Office of Grants Management and Development
Final Equipment Inventory Report (as of __/__/__)

1. LEA/AGENCY: 2. CONTACT PERSON:		3. RFP NAME: 4. CONTRACT#:			
Make/Model/ Description	Inventory Tag #	Purchase Date	Amount Budgeted	Purchase Cost	Location

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE

___ check if no expenditures to report

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New Jersey Department of Education
Office of Grants Management and Development
Final Non-Employee Compensation Report (as of __/__/__)

1. LEA/AGENCY:		3. RFP NAME:		
2. CONTACT PERSON:		4. CONTRACT#:		
Name of Individual or Entity	Address	Federal ID or SSN	Dates of Service	Amount Contracted

BUSINESS ADMINISTRATOR

DATE

PROJECT DIRECTOR

DATE

CONTRACT MODIFICATION REQUEST
CHECK-OFF SHEET

Please review your modification request and ensure that, **where applicable**, the following items are included:

I. Correspondence must include:

- ☐ 1. RFP/C/A title and contract number (note: contract number can be found in upper right-hand corner of all contract pages)
- ☐ 2. Cover letter from the chief school administrator/chief executive officer that provides a compelling programmatic rationale for the modification
- ☐ 3. Justification for program changes, budgetary **decreases as well as increases**
- ☐ 4. Signature of the school business administrator for budget modifications [SBA signs in upper left-hand corner of Budget Modification Request Worksheet]

II. Budget Modification Request Worksheet

- ☐ Budget Modification Request Worksheet (reflects approved budget, proposed plus and minus changes and proposed revised budget)

III. Revised Budget Detail and Program Activity Forms

- ☐ 1. Applicable contract approved budget form(s) (budget forms A through E, S1 through S6) indicating the proposed revisions and accompanying budget detail
- ☐ 2. A revised "Program Activity Plan" (mandatory if there are changes to program goals, objectives and/or activities)

CONTRACT MODIFICATION DOE APPROVAL CHECKLIST

Use the following checklist to assist in determining whether DOE approval is required for modification to your contract.

My modification would result in :

- ___ changes to the approved **scope of work**;
- ___ transfer of expenditures to an **unbudgeted line item**;
- ___ transfer of expenditures to or from a **restricted line item** (equipment, subcontracts or indirect costs);
- ___ costs requiring prior approval pursuant to the **Federal Cost principles** (see Part Two of Manual);
- ___ budget category expenditure variances, the cumulative total of which exceeds ten (10) percent of the total contract amount, or \$10,000, whichever is less (*called the **contract threshold***);
- ___ additions or substitutions to the approved **equipment** purchases;
- ___ changes to approved **subcontracts**;
- ___ the extension or contraction of **contract time frame**; and/or
- ___ increases or decreases in the **total contract amount**.

<i>X IN <u>ANY</u> BOX INDICATES DOE APPROVAL IS REQUIRED.</i>

IMPORTANT NOTE: The subcontractor is accountable to you, the contractor, in the use of grant funds, subject to applicable federal and state regulations (**all applicable regulations “flow-down” to the subcontractor**), and is accountable for the delivery of subcontracted program activities (see Part One). **Any changes** (program or fiscal) requested by a subcontractor must be reviewed by the contractor and, if you support the changes, forwarded to the DOE for review if they are consistent with contract modification requirements outlined above. As the contractor, **you do not have the authority to approve for subcontractors, any changes in their program activities, any budget variances or any other changes that require prior approval by the DOE.**

CONTRACT No. _____

Agency Name: _____ County/ District Code: _____

[illegible]